



the  
**VISION** the  
**VOICE** of Today's Family Physician

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As you know, smoking causes significant health problems for Illinois residents and is the single most preventable cause of illness and death. Nearly 17,000 Illinoisans die each year as a result of cigarette smoking. The Illinois Section of the American College of Obstetricians and Gynecologists (ACOG), the Illinois Chapter of the American Academy of Pediatrics (ICAAP) and the Illinois Academy of Family Physicians (IAFP) are working with Healthcare and Family Services, formerly known as the Illinois Department of Public Aid, and the Illinois Department of Public Health on this important health problem.

A Provider Notice from Healthcare and Family Services (HFS) regarding its smoking cessation initiative is attached. The initiative includes counseling and quit support resources available through the Illinois Tobacco Quitline; screening, counseling, intervention and referral during office visits; and reimbursement of pharmacological smoking cessation products. The Provider Notice also includes:

- The toll-free phone number and detailed information on the services available from the Illinois Tobacco Quitline.
- A fax referral form, the Tobacco Treatment Enrollment Form, which can be completed in your office with approval of the patient and faxed to the Quitline.
- Information on the "Five A's" smoking cessation program.
- Instructions for prescribing smoking cessation medications.
- A list of smoking cessation products covered by Medicaid.

Because smoking is the single most preventable cause of illness and death, many health care organizations have adopted smoking policies.

- ACOG recommends that smoking screening and counseling interventions be a routine part of prenatal care.
- The American Academy of Family Physicians (AAFP) recommends that tobacco use be documented in patient charts and that members work cooperatively with other health professionals to provide cessation counseling and other treatments. The Illinois Academy of Family Physicians (IAFP) further recommends that clinicians screen all adult patients for tobacco use, provide tobacco cessation interventions, recommend behavioral counseling, use the "5 A's" of intervention, and use the "5 R's" of quitting as a teaching tool (Relevance, Risks, Rewards, Roadblocks and Repetition).
- The AAP recommends that pediatricians take smoking histories from parents, inform parents about the health hazards of passive smoking and provide guidance on smoking cessation. The AAP also recommends that pediatricians address smoking with adolescents by screening with the American Medical Association's Guidelines for Adolescent Preventive Services (GAPS) risk assessment.

We encourage you to routinely screen patients, including pregnant women, to identify those who smoke and take action to help your patients reduce or eliminate smoking. Thank you for your commitment to work together to prevent smoking related morbidity and mortality in Illinois.

Sincerely,

Fredric D. Leary, M.D.,  
M.B.A., F.A.A.F.P.  
President, IAFP

Howard T. Strassner, Jr., M.D.  
Chair, Illinois Section, ACOG

Stephen E. Saunders, M.D., M.P.H.  
President, ICAAP

December 8, 2005

## INFORMATIONAL NOTICE

**TO: All Participating Providers****RE: Smoking Cessation Initiative**

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The State of Illinois announces an initiative to help Illinois residents quit using tobacco. The Illinois Department of Healthcare and Family Services (HFS):

- Encourages all providers to screen patients for tobacco use, and to provide counseling, intervention, and treatment;
- Encourages all providers to make referrals to the toll-free **Illinois Tobacco Quitline (1-866-QUIT-YES or 1-866-784-8937)** for all patients who use tobacco, especially pregnant women;
- Provides instructions for referral to the **Illinois Tobacco Quitline**; and
- Informs providers about over-the-counter and prescription smoking cessation products covered by HFS.

### **Illinois Tobacco Quitline**

Nearly 17,000 Illinoisans die each year as a result of cigarette smoking. Smoking is the single most preventable cause of illness and death. The **Illinois Tobacco Quitline, 1-866-QUIT-YES (1-866-784-8937)**, a partnership between the Illinois Department of Public Health and the American Lung Association, is supported by Tobacco Settlement Funds. The Quitline is a help line that offers free, confidential counseling provided to tobacco users through all stages of the quitting process including nutrition and weight management, information about cessation medications and management skills for dealing with withdrawal symptoms. The Quitline is staffed by Addiction Specialists, Respiratory Therapists and Registered Nurses trained at the Mayo Clinic. These specially trained staff can make appointments with callers for follow-up and provide ongoing support through the process of quitting. The Quitline hours are Monday through Friday, from 7 a.m. to 7 p.m., and translation services are available in 150 languages.

All individuals who call the Quitline are counseled and sent a packet of information tailored to each individual circumstance, e.g., teen, pregnant woman. Each packet contains a *Freedom From Smoking* booklet, *Tips to Lessen Withdrawal Symptoms* to reinforce the phone counseling and other selected materials. The Quitline offers callers a choice of reactive or proactive smoking cessation, allowing callers to pick the plan appropriate for them. Callers may choose to set their own schedule by calling the Quitline as needed, using the reactive plan. With the proactive plan, Quitline staff place a total of five calls to the individual to provide support in their efforts to quit the use of tobacco, and the individual may call the Quitline at any time. Should the individual be unavailable at any point, the staff will send a letter encouraging them to call and restart the process. Quitline staff can refer callers who need additional assistance to

smoking cessation classes in their communities and can provide education and counseling on how to use tools to address physical and psychological addiction. Over five years, the Quitline has achieved a success rate showing 56% of their callers have either cut down or quit, with 35% who cut down and 21% who quit.

### ***Screening, Counseling and Referral***

HFS encourages providers to screen patients to determine if they smoke, to provide counseling interventions using “the Five A’s”, and to refer patients to the Quitline.

*Ask* about tobacco use

*Advise* women to quit

*Assess* willingness to make a quit attempt

*Assist* in the quit attempt; and

*Arrange* follow-up

For patients who are ready to quit the use of tobacco and are willing to participate in the program, please complete a Tobacco Treatment Enrollment Form, Attachment II. After the patient signs the form, the provider should complete the bottom of the form and fax it to the Quitline. Quitline staff will reinforce the provider’s recommendations, as indicated on the completed referral form, such as the use of medications. Please fax completed forms to 217-787-5916 on the same day the patient is seen in your office. This will ensure that Quitline staff have the information when a call is received from the patient.

Smoking cessation screening, counseling, use of the Five A’s and referral to the Quitline are considered part of the office visit and are not separately reimbursed.

A supply of the Tobacco Treatment Enrollment Form, HFS 3852 may be requested on our Web site <http://www.hfs.illinois.gov/forms/> or by submitting a 1517 Provider Forms Request or 1517A, Provider Forms Request (only for the following Illinois Counties – Cook, DuPage, Kane, Kankakee, Lake, Will and Winnebago) as explained in Chapter 100, General Appendix 10.

### **Reimbursement for Smoking Cessation Products**

Enrolled pharmacies may bill HFS for certain medication and over-the-counter items to assist HFS covered patients in quitting the use of tobacco. Medications requiring a prescription must be written by a physician, or a Physician’s Assistant (PA) or Advanced Practice Nurse (APN) with script authority. Over-the-counter smoking cessation products are covered by HFS when prescribed. Attachment I lists the items that are covered for reimbursement and indicates whether they are over-the-counter (OTC) or prescription drugs.

We appreciate your assistance in promoting the improved health of Illinoisans who use tobacco by referring them to the Illinois Tobacco Quitline. For more information about the American Lung Association’s programs, visit their Web site, <[www.lungusa.org](http://www.lungusa.org)>.

For questions regarding the Smoking Cessation Initiative, please contact the HFS Bureau of Maternal and Child Health Promotion at 217-524-7478. For billing related questions, please contact the HFS Bureau of Comprehensive Health Services at 1-877-782-5565.

Anne Marie Murphy, Ph.D.  
Administrator  
Division of Medical Programs

## **Smoking Cessation Products Covered by HFS**

### **Over-the-Counter Smoking Cessation Products Covered by HFS**

<b>Label Name</b>	<b>Generic Name</b>
NICOTROL 15 MG/16HR PATCH	NICOTINE
NICOTROL 5 MG/16HR PATCH	NICOTINE
NICOTROL 10 MG/16HR PATCH	NICOTINE
NICOTINE 7 MG/24HR PATCH	NICOTINE
NICOTINE 14 MG/24HR PATCH	NICOTINE
NICOTINE 21 MG/24HR PATCH	NICOTINE
NICOTINE TRANSDERMAL SYSTEM	NICOTINE
COMMIT 2 MG LOZENGE	NICOTINE POLACRILEX
COMMIT 4 MG LOZENGE	NICOTINE POLACRILEX
NICOTINE 11 MG/24HR PATCH	NICOTINE
NICOTINE 22 MG/24HR PATCH	NICOTINE
NICOTINE 2 MG GUM	NICOTINE POLACRILEX
NICOTINE 4 MG GUM	NICOTINE POLACRILEX

### **Prescription (Rx) Smoking Cessation Products Covered by HFS**

<b>Label Name</b>	<b>Generic Name</b>
NICOTROL NS 10 MG/ML SPRAY	NICOTINE
NICOTROL CARTRIDGE INHALER	NICOTINE
BUPROPION HCL SR 150 MG TABLET	BUPROPION HCL
NICOTINE 7 MG/24HR PATCH	NICOTINE
NICOTINE 14 MG/24HR PATCH	NICOTINE
NICOTINE 21 MG/24HR PATCH	NICOTINE

# Illinois Tobacco Quitline

## Tobacco Treatment Enrollment Form

PATIENT INFORMATION – Please Print				
FIRST NAME		LAST NAME		
MAILING ADDRESS		CITY/ COUNTY	STATE	ZIP
EMAIL ADDRESS		DATE of BIRTH	PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAID/SCHIP <input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE NUMBER (Area Code) + Number (       )		ALTERNATE PHONE NUMBER (       )		
MAY WE LEAVE A MESSAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		LANGUAGE PREFERENCE (Circle One) ENGLISH    SPANISH    OTHER (SPECIFY): _____		
THE QUITLINE USUALLY CALLS THE PATIENT BACK WITHIN ONE BUSINESS DAY OF RECEIVING A REFERRAL. WHEN SHOULD WE CALL?				
Circle One:      7 am – 10 am      10 am – 1 pm      1 pm – 4 pm      4 pm – 7 pm				
<b>Patient to sign below / El paciente firma a continuación:</b>				
<p>I hereby authorize my provider to release the information on this enrollment form to the Illinois Tobacco Quitline for purposes of my participation in the smoking cessation program. I also authorize the Illinois Tobacco Quitline and its representatives to contact me at the phone number(s) I have listed above upon receiving this referral from my provider.</p> <p>Yo por este medio autorizo a mi proveedor que revele la información en este formulario de inscripción a la Línea para Dejar de Fumar en Illinois para participar en el programa para dejar de fumar. Yo también autorizo a la Línea para Dejar de Fumar en Illinois y sus representantes que se comuniquen conmigo al número de teléfono(s) que he provisto arriba, al recibir esta referencia de mi proveedor.</p>				
SIGNATURE OF THE PATIENT OR PATIENT'S REPRESENTATIVE FIRMA DEL PACIENTE O REPRESENTANTE DEL PACIENTE		DATE FECHA		
PRINTED NAME OF PATIENT REPRESENTATIVE NOMBRE DEL REPRESENTANTE DEL PACIENTE EN LETRA DE MOLDE		RELATIONSHIP TO PATIENT PARENTESCO CON EL PACIENTE		
<b>TOBACCO TREATMENT CHECKLIST</b>				
<b>Healthcare Professional to Complete the Following:</b>				
ASSESSMENT of readiness to quit:		<input type="checkbox"/> Ready to quit <input type="checkbox"/> Thinking about quitting <input type="checkbox"/> Not ready to quit Current level of tobacco use _____		
ASSISTANCE to quit:		Would medication be appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, needs prescription for Zyban. Would Nicotine Replacement be appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CLINIC NAME: Signature of Clinic Personnel:		PHONE NUMBER: FAX NUMBER:		
<b>FAX THIS FORM TO: 217-787-5916</b>				